

P97000047129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

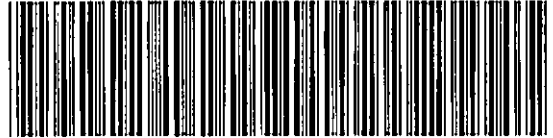
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/21--01012--014 **35.00

2021 MAR 3 -1 6:10:00



RECEIVED

2021 MAY -3 PM 3:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2021

MATTHEW GLEN PERRY
6848 SW COUNTY RD. 240
LAKE CITY, FL 32024

SUBJECT: PERRY PERFORMANCE GROUP, INC.
Ref. Number: P97000047129

We have received your document for PERRY PERFORMANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00008137

2021 MAY -3 PM 10:01

Ref # P97000047129

4/28/2021

Please see my corrections.

I believe only line 5 and 6
needed to be changed to my name
instead of company name.

Matthew Glen Perry

954-929-1636

new address is our only change

6848 SW County Rd 240 Lake City, FL 32024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERRY PERFORMANCE GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P97000047129

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW GLEN PERRY

Name of Contact Person

PERRY PERFORMANCE GROUP

Firm/Company

6848 SW COUNTY ROAD 240

Address

LAKE CITY, FL 32024

City/State and Zip Code

CONNIE@PERRYPERFORMANCEGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW GLEN PERRY

Name of Contact Person

at (954-732-987)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PERRY PERFORMACNE GROUP, INC
2. The principal office address: 6848 SW COUNTY ROAD 240 LAKD CITY, FL 32024
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/28/1997 Document number: P97000047129
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
PERRY PERFORMANCE GROUP, INC.
175 SW 20TH WAY SUITE N4
DANIA BEACH, FL 33004
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PERRY PERFORMANCE GROUP, INC
6848 SW COUNTY ROAD 240
LAKDE CITY, FL 32024

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Matthew Glen Perry
Signature of an officer or director

MATTHEW GLEN PERRY PRES
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

2021 MAY 10 10:01